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The Zero Trimester: Pre-Pregnancy Care and the Politics of Reproductive Risk. By Miranda R. Waggoner. Oakland: University of California Press, 2017. Pp. xiii + 259. \$85.00 (cloth); \$29.95 (paper).

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Who knew that having a healthy pregnancy is no longer contingent on being pregnant in the first place? In her fascinating new book, Miranda Waggoner's *The Zero Trimester: Pre-Pregnancy Care and the Politics of Reproductive Risk* documents the growth and potency of the "zero trimester": the months or years prior to conception "in which women are urged to prepare their bodies for a healthy pregnancy" (p. 4). Drawing upon her multisited ethnography—including interviews with 57 experts and an analysis of policy documents, reports, medical literature, and cultural materials in the United States—Waggoner explores how prepregnancy care is championed in medicine and public health and how it frames *all* women as mothers-in-waiting (of course, there is a long-standing preoccupation with women's bodies, behaviors, and reproductive outcomes). Using helpful concepts such as "anticipatory motherhood" (p. 27), she skillfully discusses this strategy in a contemporary context of anticipating/hedging risk, individualized responsibility for health, the rising importance of the fetus, and a relentless public surveillance and intense moral scrutiny of mothers perceived as exclusively responsible for securing a perfect pregnancy outcome.

Waggoner's opening chapter persuasively sketches out the complex ascendancy of the zero trimester, which keeps pregnancy at the forefront of women's minds at all times. She describes how this model is predominantly focused on behavior change among women alone (not men or institutions) to ensure current and future fetal health, reflective of the modern biopolitical moment where individuals are asked to bear the burden of minimizing risks. This is followed by a revealing historical overview of medical literature stemming from the 19th century (chap. 2). In discussing eugenics-minded medicine, attempts to treat syphilis, and a move toward prenatal care, Waggoner details shifting thoughts about the temporal dimensions of risk—but she also acknowledges how the identification of factors posing a risk to pregnancy and the purported virtues of medical interventions are timeless concerns.

In chapters 3 and 4, Waggoner draws upon her interviews with experts to discuss the formal strategies of prepregnancy care. Operating in a context where medicine and public health attempt to contain risks and exert control, the experts recognize the evidence for this model as sketchy and weak. Yet they also believed that looking after women *before* pregnancy constituted a "common-sense" way to think about reproductive outcomes (p. 68). Waggoner demonstrates how knowledge gaps were subsequently filled by the culturally powerful trope of responsible motherhood and the notion that women, owing to a lack of planning and unhealthy lifestyles, enter pregnancy in a risky

state and, as such, benefit from intervention. However, this story is complicated in chapter 4 by showing how experts understood that framing the health of women in terms of pregnancy was both political and pragmatic. Examining a leading report from the Centers for Disease Control and Prevention (CDC), Waggoner captures how experts distinguish the prepregnancy care model as advancing reproductive justice; promoting a strategy of “maternalism” (p. 117) and playing upon the cultural valuation of *women as mothers* rather than *women as women* can bridge enduring divisions between women by offering broad coverage for their health, regardless of pregnancy ambitions. In doing so, Waggoner avoids analyzing experts’ claims simply as attempts to control women’s bodies.

In chapter 5, Waggoner captures how prepregnancy care has been taken up both clinically and culturally. Through an analysis of pamphlets, campaign materials, media depictions, and popular books, she highlights the cultural acceptability and marketability of the zero trimester, along with the highly gendered and individualized tone of materials located in a neoliberal ethos of personal responsibility for optimizing reproduction. This approach, she argues, does not target root changes or social justice, particularly in terms of adverse outcomes for women susceptible to, for example, pollution, racism, and a lack of access to quality and stable services. Nonetheless, the model has been institutionalized in medicine and advocated in public health promotions with Waggoner using the example of the “reproductive life plan” to highlight how the role of individual behavior in determining health outcomes is overplayed (p. 133). She continues this analysis in chapter 6 by unpacking the CDC’s 2013 campaign “Show Your Love.” This campaign conflated womanhood and motherhood, saw successful motherhood as practicing healthy behaviors and deferring to medicine and public health interventions, and promoted feminized, heteronormative, and racialized views of reproductive responsibility (e.g., images of “planners” were all white women and “nonplanners” were mostly African-American women and Latinas [p. 153]). In chapter 7, Waggoner repeats earlier arguments and proposes some solutions: universal affordable health care and broad-based policies, such as paid family leave. Her comparison here between the CDC’s prepregnancy care model and their response to the Zika outbreak is short but illuminating.

I have a few minor, perhaps ungenerous, gripes with the book. The use of more data to support arguments would have been preferred to repeating (albeit important) claims. I would have also liked to see Waggoner reflect more extensively on the “U.S.-ness” of the zero trimester; the concept may or may not translate outside of American borders, and a stronger reflection on the home context would have strengthened the work. Finally, an editorial point: the use of endnotes over footnotes is vexing. It would benefit readers (a note for the publisher, not author!) to have supplementary information on the same page to avoid the tennis match of flicking back and forth. But these trivial grievances should not detract from what is a superb, thought-provoking piece of work. Extensively researched and beautifully written, Waggoner’s

book compellingly unpacks deep-set assumptions of women as “reproductive vessels by default” (p. 93) who are expected to behave as if anticipating motherhood. Scholars of reproduction will locate familiar territory here with respect to concerns of choice, care, gender, race, risk, responsibility, and (total) motherhood. Yet the book also breaks new ground, tracing how the pre-pregnancy model has become part of women’s reproductive health and health care in the United States. It belongs on the same bookshelf as the work of scholars like Adele Clarke, Rayna Rapp, and Monica Casper, and the “zero trimester” concept is an excellent addition to the sociology of reproduction’s ever-developing glossary.

Queering Families: The Postmodern Partnerships of Cisgender Women and Transgender Men. By Carla A. Pfeffer. New York: Oxford University Press, 2016. Pp. xxxvii+248. \$49.95 (paper).

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Within the last 20 years, academic and popular attention to transgender men has grown exponentially. Research studies, autobiographies, films, and other media have detailed the experiences of transmen who navigate a variety of life events. This body of work has given us rich information about transmen’s lives in social contexts like families, the workplace, and health-care institutions. Yet, despite the relational nature of these settings, very little attention has been given to the *partners* of transmen. Carla Pfeffer’s *Queering Families* fills this gap in the literature, focusing on the experiences of cisgender women who partner with transmen. Pfeffer’s approach is a refreshing addition to the dearth of research devoted to significant others, friends, family, and allies (SOFFAs) of transpeople.

In *Queering Families*, Pfeffer fixes a postmodern lens on relationship forms that diverge from conventional gender arrangements. Based on interviews with 50 cisgender women, her findings examine the dynamics of women’s relationships with transmen in terms of identity shifts, household labor negotiations, sexuality, sociolegal family formations, and community support. Although some readers may be familiar with Pfeffer’s prior journal publications of this research, *Queering Families* provides a much more expansive exploration of these topics. Throughout each chapter, Pfeffer draws extensively on participants’ narratives. She invokes the analytical strategy of “thick description” and foregrounds participants’ experiences in their own words, which often included intimate and sensitive revelations. Pfeffer’s ability to establish rapport with her interviewees is evidence of her trustworthiness and was likely facilitated by her own shared identity as a cisgender woman who had transmasculine partners. This positionality also lends an ethic of care embedded within Pfeffer’s interpretations, which reveal her desire to handle queer and trans experiences with sensitivity. Pfeffer’s consci-